

AUDIT FOR LEAVE YEAR		NAME				SOCIAL SECURITY NUMBER		COMPLETE CONTACT POINT			SERVICE COMPUTATION DATE		EOD (If in year of audit)		SEPARATION DATE
PAY PER. IOD	ANNUAL LEAVE RECORD						SICK LEAVE RECORD						ABSENCE WITHOUT PAY RECORD <small>(LWOP, AWOL, SUSPENSION, FURLOUGH)</small>		
	BROUGHT FORWARD FROM PRIOR PERIOD	ACCRUED OR EARNED	USED THIS PERIOD	DONATED LEAVE (+) OR (-)	BALANCE OR TOTAL TO DATE	PART-TIME CARRYOVER HOURS	BROUGHT FORWARD FROM PRIOR PERIOD	ACCRUED OR EARNED	USED THIS PERIOD	DONATED LEAVE RECEIVED	BALANCE OR TOTAL TO DATE	PART-TIME CARRYOVER HOURS	BROUGHT FORWARD FROM PRIOR PERIOD	USED THIS PERIOD	BALANCE OR TOTAL TO DATE
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REMARKS						CERTIFIED CORRECT <small>(Signature)</small>						DATE			

[illegible]